

Emergency Care Plan: What You Need to Know and Do Before an Emergency

TO KEEP ME HEALTHY, DO THE FOLLOWING

[illegible]

TO KEEP ME HEALTHY, REMEMBER

I am <u>allergic</u> to:
Foods:
Medications:
Other:
<u>Avoid</u> the following activities:

PEOPLE YOU NEED TO CONTACT BEFORE AN EMERGENCY

LOCAL EMS / FIRE & RESCUE	
Agency: _____	Contact person: _____
Address: _____	Phone: _____

Primary Care Provider: _____	Phone: _____
Pharmacy: Regular: _____	Phone: _____
24-Hour: _____	Phone: _____
School/Day Care: _____	
Contact person: _____	Phone: _____
Home Care/Hospice Agency: _____	
Contact person: _____	Phone: _____
Therapists: _____	Phone: _____
	Phone: _____

EQUIPMENT/SUPPLIES/IVs AND FEEDINGS	
1. Type of Equipment/Supplies: _____	
Company/Supplier: _____	
Contact person: _____	Phone: _____
2. Type of Equipment/Supplies: _____	
Company/Supplier: _____	
Contact person: _____	Phone: _____
3. Type of Equipment/Supplies: _____	
Company/Supplier: _____	
Contact person: _____	Phone: _____

UTILITIES:	
Electricity: _____	Phone: _____
Gas: _____	Phone: _____
Phone: _____	Phone: _____
Water: _____	Phone: _____

WHEN YOU NEED HELP	
Family/ _____	Phone: _____
Support People: 2. _____	Phone: _____
3. _____	Phone: _____
Person to drive family to the doctor/emergency room: _____	
	Phone: _____
Person to take care of other family members in an emergency: _____	
	Phone: _____



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Date Form completed: _____
 By Whom: _____
 Reviewed by parent: _____
 Date: _____